

ethicists is this: do not be bogged down in dogma, for that is how we arrived at the situation we are in now. Rather, our ethical response should be shaped by the reality of *what works*, so crossing the Rubicon from the hypothetical to the practical.

J Miola

Primer for Health Care Ethics: Essays for a Pluralistic Society, 2nd edn.

Edited by K O'Rourke. Georgetown University Press, 2000, £15.75, pp 323. ISBN 0878408029

This is a thoroughly revised and expanded edition of a book originally published in 1994. It consists of a series of clear and thoughtful short essays, grounded in real cases in health care ethics. The range of coverage is extensive—from informed consent, through futile therapy, genetic testing, organ donation, the use of fetal tissue in research, physician assisted suicide, and many other issues, to early delivery of anencephalic infants. The discussions of individual cases, although necessarily brief, are always clear and well informed, and in general lay out the ethical issues and the various options fairly rather than being strongly directive, partisan, or one-sided.

The book has little to say about the philosophical and theological underpinning of bioethics; one must turn elsewhere for that. The book and all the authors adopt a mainstream Roman Catholic stance. They rely, they say, "on a very definite concept of the human person and some precise values and goals of the healing relationship that we believe have brought out the best in people in the health care professions over the centuries" (page xii). Their arguments, they believe, are founded on reason and natural law as well as on faith. At key points recent Roman Catholic teaching on such matters as the evil of abortion in virtually all circumstances, even rape, is affirmed, as is the conviction that an embryo from the moment of conception has the status of a human being rather than a potential human being. There are numerous impressive examples of the vigour and cogency of discussions within that tradition of the ethical acceptability of specific forms of treatment.

The book directly addresses the injustices generated by the fact that in the United States some four million people do not have proper medical cover, and by the invasion of health care by the market: "the only way to solve the health care problems in our society is to insist continually that we must have universal health care coverage. Until that goal is accomplished, we are fighting bush fires and ignoring the major conflagration" (page 256). This is also a reminder, however, that to a certain extent this book addresses specifically American issues, or matters which are treated in a rather different way in the United States from elsewhere because of legislation and court decisions. But for the most part the problems with which it wrestles are common to the major industrial societies.

Two final comments. First, the book claims to be "essays for a pluralistic society". It may fairly be regarded as a very useful and irenic Roman Catholic contribution to a very complex and confusing debate about how we can agree on the principles and practices of health care in societies which are deeply fragmented

morally. This book does not wrestle with the underlying problem of ethical pluralism, but its tone is constructive and positive rather than hectoring, arrogant, or aggressive. Secondly, the book presents itself as a "primer", but denies that it is intended to be a textbook. Probably its real value is as a resource and a stimulus for conscientious and reflective practitioners, and for students of ethics who are anxious to ground their studies in real situations.

D B Forrester

Death and Compassion: A Virtue-Based Approach to Euthanasia

L van Zyl. Ashgate, 2000, £40.00 (hb), pp 230. ISBN 0-7546-1231-7

Can virtue ethics tell us what to do? And has principlism had its day? These are two of the questions that van Zyl's text seeks to answer in the affirmative. Van Zyl wishes to encourage an approach to medical practice that draws upon the requirements of virtue ethics, in preference to principlism (primarily deontological and consequentialist) ethics. Her account then relates these twin themes to one concrete realm of medical practice, decisions taken at the end of life.

Van Zyl believes that the process of modernisation has not only affected medicine, in its evolution from an "art" into a "science", but also medical or bio-ethics, in its move to a principlist ethic, which demands the application of universal, rational, objective rules to "cases". Such shifts account for some dissatisfaction with the medical focus, since it is just that, while the patient's wider "suffering" passes unnoticed. Virtue ethics—that is, the approach that might account for such suffering, meanwhile, has been relegated to—at best—a "place on the sideline". In contrast to such popular, but bare and impersonal, principles as beneficence, non-maleficence, and autonomy, the author employs an Aristotelian approach to reintroduce three related virtues: compassion, benevolence, and respectfulness.

The virtue of compassion encourages an empathetic identification, and hence engagement, with the patient and his or her suffering. Benevolence encourages truly beneficent, helpful actions, which will result from this fuller understanding of the patient's predicament. Finally, respectfulness encourages full respect for the patient as a self-realising individual. A dialogue conducted in accordance with this virtue will result in shared decision making, as opposed to the doctor or patient-directed approaches presumed by, respectively, paternalistic and autonomy-based models.

In line with the expanded (patient-directed) conceptions of "harm" and "benefit", the goal of medicine is conceived in terms of promoting patient welfare. Applying her thesis to euthanasia, Van Zyl contends that where this goal cannot be achieved, and where continued life might even be harmful, euthanasia might be permissible, in either an active or a passive sense. Euthanasia, as a last resort, can therefore be justifiable as a compassionate, benevolent, and respectful response to a patient's suffering. Although Van Zyl draws some tentative conclusions as to situations of justifiable euthanasia, she also accepts that there will be numerous cases that are not so amenable to resolution; in these the process of interaction between physicians,

patients and patients' families might be more important than the actual decision reached.

To get the inevitable pun out of the way, this work certainly has its virtues. Principally, the book succeeds in offering a useful counterbalance to the plethora of texts devoted to principlist accounts of morality, and the morality of euthanasia in particular. Moreover, Van Zyl's account might cheer those who despair at the limitations of the contemporary focus on, and/or approach to, patient autonomy. On a more mundane note, the argument is also well sustained and accessibly presented.

Perhaps inevitably, however, a few vices warrant note. Primarily, Van Zyl's argument might not in fact constitute an alternative because, in suggesting, for example, in the closing chapter, that virtue ethics can nevertheless found some "rules", Van Zyl arguably strays onto the principlist ground she is so keen to avoid. More generally, although Van Zyl's criticisms are often well aimed, the principlist objection might stand, since it is not certain that virtue ethics alone will determine the morality of conduct. How, for example, would it fit with current professional and legal obligations? Similarly, how are both practising and future doctors to be educated in the virtues? The sorts of institutional responses that are probably required would almost certainly need to have some principlist component. It is perfectly plausible that virtue ethicists can and will answer such questions. It is a shame, however, given her useful reconsideration of a much discussed concrete topic, that the author uses most of her text to set out her stall, when the practical applications of virtue ethics—as she concedes—need greater development.

These points need not be laboured, however, since Van Zyl's text is a vital corrective to much contemporary theorising. The book is therefore recommended, particularly to researchers and students, although practitioners too might welcome this often refreshing perspective.

R Huxtable

Extending the Boundaries of Care: Medical Ethics and Caring Practices

Edited by T Kohn and R McKechnie. Berg Press, 1999, £42.00 (cloth), £14.99 (pb), pp 206. ISBN 1-85973-141-4

The title of this book embraces a subject that is very topical in the field of health care. It is a collection of papers most of which were initially presented at the Centre for Cross-Cultural Research on Women. All but one of the authors are women. The papers themselves are very disparate, covering diverse topics in a variety of ways. Subjects covered include a daughter's story of her mother's dying and death from undiagnosed Creutzfeldt-Jakob Disease; the problems for parents raising triplets; issues arising from the Depo-Provera contraceptive debate; the nature of human rights in relation to medical care; disease prevention; methods of research in relation to HIV and men who have sex with men, and nurses' moral/political voices as expressions of care. Each writer's subject of focus demonstrates their own personal interest, even passion, within health or social care—hence their own deep concern or "care". As a consequence it is difficult to find a unifying thread in the book, which is perhaps why the particular title was chosen.